



Residential Roofing

**Dwellings (1 & 2), Townhouse,
Detached Garage**

Permit Application

City of Maple Grove

Fax 763-494-6417 Phone 763-494-6060
12800 Arbor Lakes Pkwy, P.O. Box 1180
Maple Grove, MN 55311

Applicable Code: 2015 Minnesota Residential Code

For Office Use Only

Permit # _____

Permit Cost _____

Date Received _____

Job Site Address: _____

PROPERTY OWNER

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

CONTRACTOR

Company Name: _____

License #: _____ **Exp. Date:** _____ **Lead Certification#:** _____ **Exp. Date:** _____

Contact Person: _____ **Phone #:** _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Office Phone #:** _____

PERMIT TYPE – All fees listed include \$1.00 state surcharge

☐ **Tear off/reroof - 1 or 2 Family Dwelling Unit - \$101; TH - \$51/Dwelling Unit; Detached Garage - \$51**

☐ **Single Family - \$101/unit**

☐ **Town House - \$51/unit**

☐ **Two Family - \$101/unit**

☐ **Detached Garage - \$51**

☐ **Asphalt**

☐ **Wood Shingles**

☐ **Wood Shakes**

☐ **Roll Roofing**

☐ **Metal Shingles**

☐ **Metal Roof Panels**

☐ **Built-up or Modified Bitumen**

☐ **Membrane**

☐ **Other:** _____

Estimated Value of Work Performed \$ _____

I hereby apply for a building permit and acknowledge that the information above is complete and accurate. I understand that this is not a permit and work is not to start without a permit. I understand that the permit will expire and become null and void if the work does not begin within 180 days or is suspended at any time for 180 days. I acknowledge that I am responsible to call for all required inspections and insuring that all work will be done in compliance with the ordinances of the City of Maple Grove and the laws of the State of Minnesota.

Signature _____ **Date** _____